Uniform Certificate of Authority Application (UCAA)
Expansion Application

To the Insurance Commissioner/Director/Superintendent of the State of:

(Click the appropriate states in which the Applicant Company is applying.)

Alabama  Montanna
Alaska  Nebraska
Arizona  Nevada
Arkansas  New Hampshire
California  New Jersey
Colorado  New Mexico
District of Columbia  New York
Connecticut  North Carolina
Delaware  North Dakota
Florida  Ohio
Georgia  Oklahoma
Hawaii  Oregon
Idaho  Pennsylvania
Illinois  Puerto Rico
Indiana  Rhode Island
Iowa  South Carolina
Kansas  South Dakota
Kentucky  Tennessee
Louisiana  Texas
Maine  Utah
Maryland  Vermont
Massachusetts  Virginia
Michigan  Washington
Minnesota  West Virginia
Mississippi  Wisconsin
Missouri  Wyoming

The undersigned Applicant Company hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted, and (c) which the Applicant Company is applying to transact.

Name of Applicant Company: ___________________________ NAIC No.: __________________________

Home Office Address: ________________________________________________________________

Administrative Office Address: ________________________________________________________

Mailing Address: ______________________________________________________________________

Phone: ___________________________ Fax: ___________________________

Are these addresses the same as those shown on the Applicant Company’s Annual Statement?

Yes [ ]  No [ ]

If not, indicate why: ________________________________________________________________
Applicant Company Name: _____________________________   NAIC No. __________________________
FEIN: __________________________

Date Incorporated: ________________ Form of Organization: ___________________________________________________

Billing Address: _____________________________________________________________________________________
E-Mail Address: _________________________ Phone: _________________________ Fax: _________________________________

Premium Tax Statement Address: _______________________________________________________________________
E-Mail Address: _________________________ Phone: _________________________ Fax: _________________________________

Producer Licensing Address: ____________________________________________________________________________
E-Mail Address: _________________________ Phone: _________________________ Fax: _________________________________

Rate/Form Filing Address: ______________________________________________________________________________
E-Mail Address: _________________________ Phone: _________________________ Fax: _________________________________

Consumer Affairs Address: ______________________________________________________________________________
E-Mail Address: _________________________ Phone: _________________________ Fax: _________________________________

State or Country of Domicile: ____________________________  Date Organized: ______________________________

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: ___________________________________________

Date of Last Financial Examination: ______________________________________________________________________

Date of Last Market Conduct Examination: ___________________________________________________________________

Par Value of Issued Stock: $ ___________________ Surplus as regards policyholders: $ ______________________________

Certificate of Deposit (Home State): $ ______________________________________________________________________

Ultimate Owner/Holding Company: ________________________________________________________________________

Has the Applicant Company ever been refused admission to this or any other state prior to the date of this application?

Yes □  No □
If yes, give full explanation in an attached letter.

Is Applicant Company a member of a group that is required to file a Own Risk Solvency Assessment (ORSA) report with your lead state?

Yes □  No □

Is the Applicant Company required to file an ORSA report with its lead state?

Yes □  No □
If yes to either ORSA question, please provide:

Lead State: ____________________________ Lead State Contact Name: ________________________________
E-mail Address _________________________ Phone: _________________________________

The Applicant Company hereby designates (name natural persons only) _____________________________ to appoint persons and entities to act as and to be licensed as agents in the State of _______________________________, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments.
Applicant Company Name: _____________________________   NAIC No. __________________________
FEIN: __________________________

The following information is required of the individual (Applicant Company employee or paid consultant) who is authorized to represent the Applicant Company before the department

Name: ________________________________________________________________________________________________
Title: _________________________________________________________________________________________________
Mailing Address: ________________________________________________________________________________________
E-Mail Address: ____________________________ Phone: _______________________ Fax: _________________________

Please provide a listing of all other applications filed by the Applicant Company, or any of its affiliates, that are pending before the Department.

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Applicant Company Officers’ Certification and Attestation

One of the three officers (listed below) of the Applicant Company must carefully read the following:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant Company, or both, to civil or criminal penalties.

2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.

3. I acknowledge that I am the ___________ ________________ of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.

4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at ___________________________________.

__________________________________ Date  __________________________________ Signature of President
Full Legal Name of President

__________________________________ Date  __________________________________ Signature of Secretary
Full Legal Name of Secretary

__________________________________ Date  __________________________________ Signature of Treasurer
Full Legal Name of Treasurer

__________________________________ Name of Applicant Company

__________________________________ Date  __________________________________ Signature of Witness
Full Legal Name of Witness